

New Jersey Department of Environmental Protection Site Remediation and Waste Management Program

TRADITIONAL/DIRECT OVERSIGHT REPORT CERTIFICATION FORM

Date Stamp
(For Department use only)

SECTION A. SITE NAME AND LOCATION					
Site Name: Hess Corporation - Former Port Reading Complex					
List All AKAs: Amerada Hess Corp; Buckeye Port Reading Terminal					
Street Address: 750 Cliff Road					
Municipality: Port Reading (Township Borough or City)					
County: Middlesex Zip Code: 07064					
Program Interest (PI) Number(s): 006148 Case Tracking Number(s): E20130449					
SECTION B. REPORT INFORMATION					
Report Name: Remedial Investigation Workplan- Marine Loading Dock ("Proposed Future Solar Project Area")					
Report Date: 04/26/2021					
Case Type:					
☑ RCRA GPRA 2020 ☐ CERCLA/NPL ☐ USDOD ☐ USDOE ☐ Direct Oversight					
Other (explain):					
SECTION C. PERSON RESPONSIBLE FOR CONDUCTING THE REMEDIATION INFORMATION AND CERTIFICATION					
Full Legal Name of the Person Responsible for Conducting the Remediation: Hess Corporation					
Representative First Name: John Representative Last Name Schenkewitz					
Title: Sr. Advisor EHS					
Phone Number: (609) 406-3969 Ext: Fax: (732) 352-7795					
Mailing Address: 601 Jack Stephan Way; Trenton Mercer Airport					
City/Town: West Trenton State: New Jersey Zip Code: 08628					
Email Address: jschenkewitz@hess.com					
This certification shall be signed by the person responsible for conducting the remediation who is submitting this notification in accordance with Administrative Requirements for the Remediation of Contaminated Sites rule at N.J.A.C. 7:26C-1.5(a).					
I certify under penalty of law that I have personally examined and am familiar with the information submitted herein, including all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, to the best of my knowledge, I believe that the submitted information is true, accurate and complete. I am aware that there are significant civil penalties for knowingly submitting false, inaccurate or incomplete information and that I am committing a crime of the fourth degree if I make a written false statement which I do not believe to be true. I am also aware that if I knowingly direct or authorize the violation of any statute, I am personally liable for the penalties. Signature: Date: 2 26 21 Name/Title: John Schenkewitz / Sr. Advisor EHS					

SECTION D. LICENSED SITE REMEDIATION PRO	FESSION	IAL INFORMAT	ION AND	STATEMENT	
LSRP ID Number: 576297					
First Name: John	Las	Last Name: Virgie			
Phone Numbers: (732) 739-6444	Ext.:	maken dan kalan karan 1985 pangahan dan Sasah dan	Fax: <u>(73</u>	2) 739-0451	
Mailing Address: 1625 Highway 71					
Municipality: Belmar	State:	New Jersey	toer for transplace to the second membrase.	Zip Code: <u>07719</u>	
Email Address: jvirgie@earthsys.net					
This statement shall be signed by the LSRP who is su N.J.S.A. 58:10B-1.3b(1) and (2).	ubmitting	this notification i	n accordar	nce with N.J.S.A. 58:10C-14, and	
(1) I certify, as a Licensed Site Remediation Profession business in New Jersey, that for the remediation submission, I personally: Managed, supervised, of this submission, and all attachments included in the performed by other persons that forms the basis another site remediation professional, licensed of relied; (2) conducted a site visit and observed the as was reasonably observable; and (3)concluded was sufficient information upon which to complete reports related thereto.	described or perform this subm for the int r not, afte of then-cur d, in the ex	I in this submiss ned the remediatission; and/or performation in this rhaving: (1) reverent conditions as	ion, and al tion condu eriodically i submission iewed all a and verified dependent	Il attachments included in this cted at this site that is described in reviewed and evaluated the work n; and/or completed the work of vailable documentation on which I d the status of as much of the work professional judgment, that there	
 (2) I certify: That I have read this submission and all atta That in performing the professional services each area of concern, I adhered to the profe remediation professionals provided in N.J.S. That the remediation conducted at the entire all attachments to this submission, was concrequirements in N.J.S.A. 58:10C-14.c; That the remediation described in this submipursuant to and in compliance with the regulation N.J.A.C. 7:26I; and That the information contained in this submic complete. (3) I certify, when this submission includes a responsibeen remediated in compliance with all applicable safety and the environment. 	s as the licessional control of the lices as the or enducted publission, and lations of the lices action o	ensed site reme onduct standard C-16; ach area of conduct stand in a all attachment the Site Remed all attachments outcome, that the conduction of the standard stand	ediation production and requirements and requirements and requirements to this substitution Profession and requirements and r	virements governing licensed site s described in this submission and the with the remediation ubmission, was conducted the ssional Licensing Board at the property of the content of th	
(4) I certify that no other person is authorized or able the Board or the Department have provided to me		ny password, en	cryption m	ethod, or electronic signature that	
 (5) I certify that I understand and acknowledge that: If I knowingly make a false statement, represente the Department I may be subject to civil and 17.a.1(a)through (f) by the Board, including and If I purposely, knowingly, or recklessly make form, record, document or other information the Site Remediation Reform Act, I shall be notwithstanding the provisions of subsection more than \$75,000 per day of violation, or by 	l administ but not lin a false s submittee guilty, upe b of N.J	rative enforcemented to license statement, represent to the Departmon conviction, of S.2C:43-3, be se	ent pursual suspension sentation, c nent or requ f a crime of	nt to N.J.S.A. 58:10C- n, revocation, or denial of renewal; or certification in any application, uired to be maintained pursuant to f the third degree and shall,	
(6) I certify that I have read this certification prior to si	igning, ce	rtifying, and mal		bmission.	
LSRP Signature:		angga a minima ng mga maki maki ing ping ping maka na mang biga	Date:		
LSRP Name: John Mirgie / Senior Client Manager					

Company Name: Earth Systems, Inc.

Completed forms should be sent to:

Assigned Case Manager
Bureau of Case Management
Site Remediation Program
NJ Department of Environmental Protection
401-05F
PO Box 420
Trenton, NJ 08625-0420